

**Dr. Robert Bentley** 

**GOVERNOR** 

## STATE OF ALABAMA BOARD OF HEATING, AIR CONDITIONING AND REFRIGERATION CONTRACTORS

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Kathy S. LeCroix EXECUTIVE DIRECTOR

## INACTIVE REFRIGERATION APPLICATION

(Use this form to apply as a new inactive contractor OR to change your status from an active responsible in charge to an inactive contractor)

Name	Social Security Number		
Mailing Address			
City	County	State	Zip Code
Physical Location			
Home Phone	Cell Phone	Fax Nun	nber
In accordance with Code of information is complete, tru		1-18 to 34 et. Seq. (Act 200	09-486), I hereby declare that all
Signature of applicant:	Date:		
Ref. Certification (if changi	ng status)#HV	VAC certification (if applied	cable):
LICENSE FEE: \$82.50			
If you wish to pay by <b>Visa</b>	or Mastercard, please enter the	he credit card information	below:
Card Number		Expiration Date:	
Signature of Card Holder: _			
		Chas	k # Amount
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